

ATV CLUB INFORMATION FORM

PLEASE RETURN FORM TO:
Department of Conservation
Bureau of Parks and Lands- ATV program
22 SHS
Augusta, ME 04333-0022
1-888-386-3288

To maintain accurate records, it is necessary for each club to provide the information below on a yearly basis, even if the address or officers do not change. If your club is no longer an active club please write **INACTIVE** with the club name and return this form so that we can keep our records current.

All clubs are encouraged to obtain a permanent PO Box or mailing address.

PLEASE PRINT

CLUB INFORMATION

CLUB NAME: _____

TOWN LOCATED: _____ COUNTY: _____

MAILING ADDRESS: _____
(permanent address)

SHIPPING ADDRESS _____
(for sign orders)(STREET ADDRESS)

MONTH OFFICERS ARE ELECTED: _____

OFFICER INFORMATION:

PRESIDENT
NAME: _____ EMAIL: _____

HOME PHONE: _____ OFFICE
PHONE: _____

TRAIL
MASTER: _____ EMAIL: _____

HOME PHONE: _____ OFFICE
PHONE: _____

PLEASE COMPLETE FRONT AND BACK OF THIS FORM

**STATE OF MAINE
NEW VENDOR OR VENDOR UPDATE FORM**

ALL ATV CLUBS, NEW OR OLD MUST COMPLETE THIS FORM

EMPLOYER ID # (EIN): E

(Federal ID number)

(nine digit number)

NEW VENDOR INFORMATION: (new clubs only)

CLUB NAME: _____

MAILING ADDRESS: _____

CITY/STATE: _____ ZIP: _____

VENDOR UPDATE:

(existing clubs)

OLD INFO

NEW INFO

CLUB NAME: _____

MAILING ADDRESS: _____

CITY/ STATE: _____

ZIP: _____

Submitted By: _____ Date: _____

Title: _____

For official use only:

☐

Change request

☐

New Vendor

☐

Multi address

☐

Annual update